PLACE OF BIRTH	ONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH	State File No.
District or Township.	State Urusoua	
000	No. 5 # Darto Canon (If birth occurred in a hospital or institution, give	Ust Ward
2. Full name of child	Olulgas	{ If child is not yet named, make supplemental report, as directed.
Male in event of plural births.	win, triplet on other 6. Legitimate? 7. Dr.	
3. Sull name Pelingio Um	Full maiden name of Ca	OTHER
1. Residence (Usual place of abode) Miami,	15 Residence (Usual place of abode)	menia Harlo
If non-resident, give place and state.	gova. If non-resident, give place	g
Mex. II. Age at last birthda	ay Q.H. (Years) 16 Color or race No. 1.7	Age at last birthday 23 (Years)
2. Birthplace (city or place) Chilma	17 13	El Pas 1
(State or country) 3. Occupation	Mex. (State or country)	Jeyas
Nature of Industry	19. Occupation Nature of industry	
2. Number of children of this mother. Caken as of time of birth of child herein	(a) Born slive and now living 21. W (b) Born slive but now dead ti	ere precautions taken against oph-
CERTIFICAT	TE OF ATTEMDING PHYSICIAN OR MINISTER	year.
*When there was no attending physician in tidwice, then the father, householder,	dd, who was the alue at 8 (Borgalive of willbord) mature Office M. 6 7000	m. on the date above stated
iven name added from supplemental report	Address Misami. ari	(Physician or midwife).
Month, day, year	Filed Och /J 1927 Cd	6 Jon
99	52-831-51	Registrar

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